

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

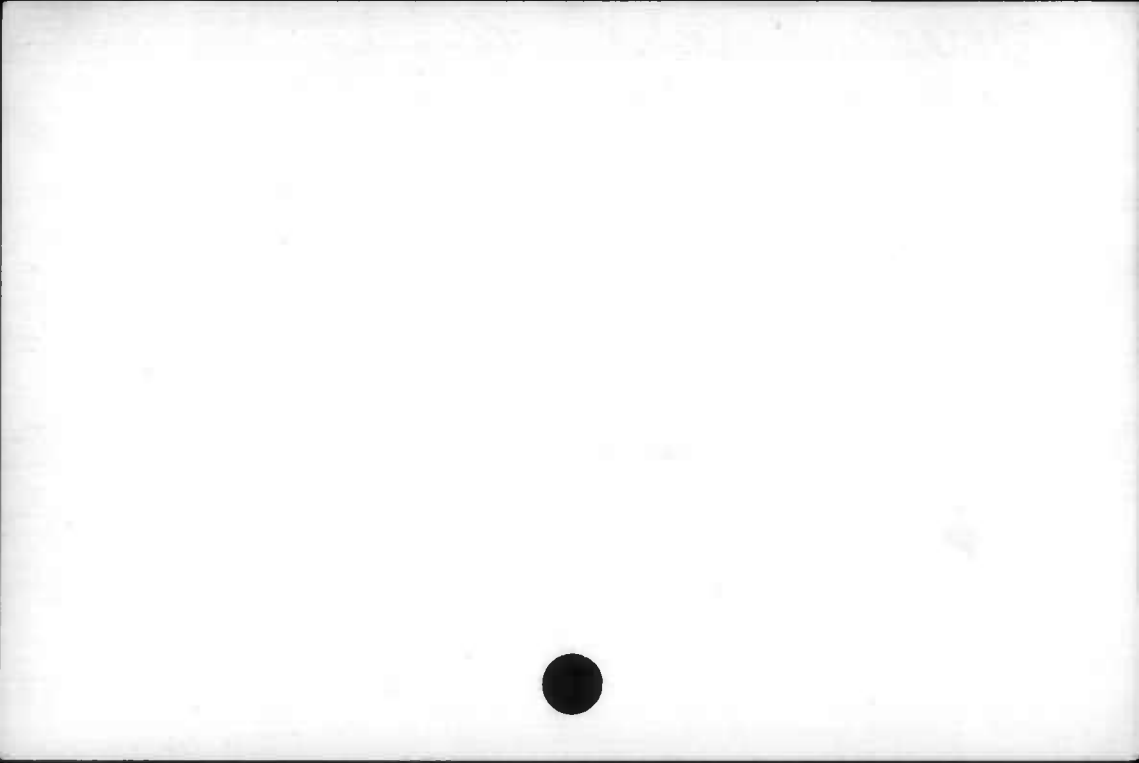
Unnamed baby of Martha Clipper  
 Died at Seneca <sup>Town</sup> Seneca <sup>County</sup> Md. <sup>MARYLAND</sup>  
 Date of death 1909 <sup>Month</sup> 10 <sup>Day</sup> 25 <sup>Age</sup> — <sup>Years</sup> — <sup>Months</sup> — <sup>Days</sup> 11  
 Sex Male Color or Race Wp Birth-place Seneca Md.  
 Occupation — Where Reaiding if not at place of death —

~~Married, Single~~ — ~~Name of Wife or Husband~~  
 Father's Name Chas Diggs Father's Birthplace Md.  
 Mother's Maiden Name Martha Clipper Mother's Birthplace Md.  
 Name of person giving Information Mother (Martha Clipper) How related to deceased Mother

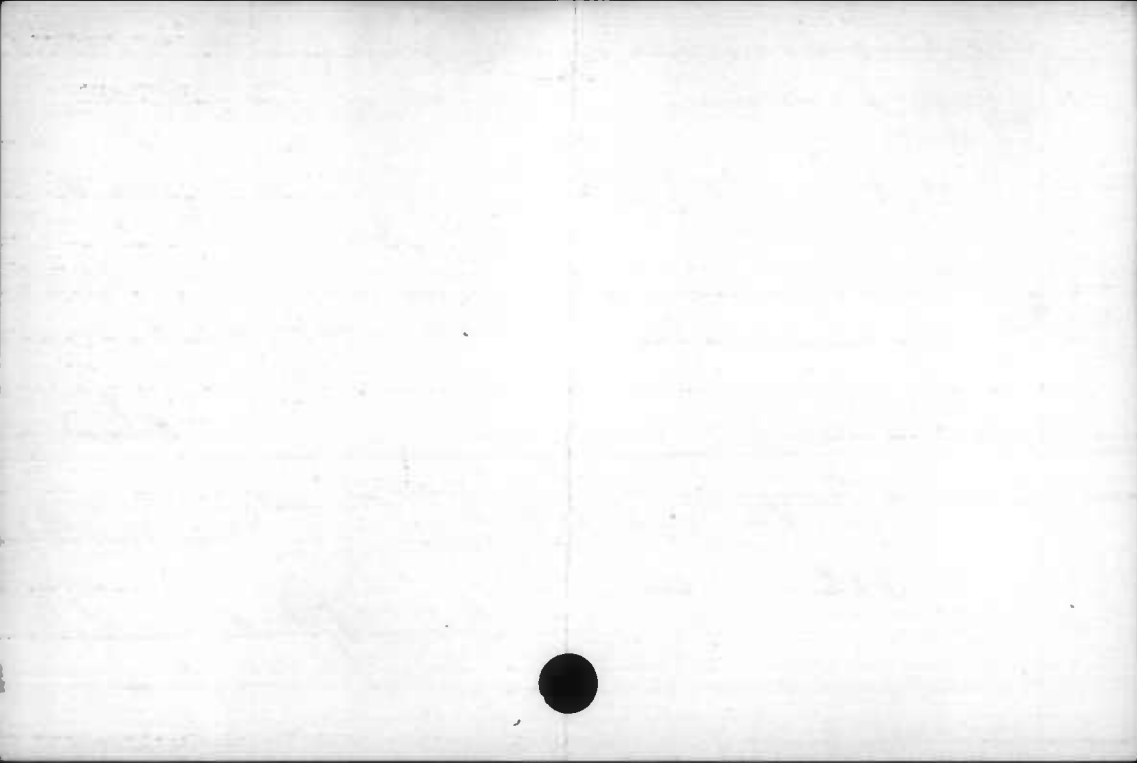
CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Inanition How long 11 da  
 Immediate Asthma How long —  
 Are the name, age, sex, color, date and place correctly given above? yes  
 Signature of Physician H D House  
 Address Seneca Md.  
 Accident or Suicide



Name in Full <b>William Clinton Coates</b>		CERTIFICATE OF DEATH	
Tcwn <b>Germanstown</b>		County <b>Montg</b>	
Died at		MARYLAND	
Date of death	Month	Day	Years
<b>1909</b>	<b>10</b>	<b>30</b>	<b>3</b>
Sex <b>Male</b>		Color of Race <b>Black</b>	Birthplace <b>Montg Co</b>
Occupation <b>—</b>		Where Residing if not at place of death <b>—</b>	
Married, Single or Widowed <b>—</b>		Name of Wife or Husband <b>—</b>	
Father's Name <b>Lloyd Coates</b>		Father's Birthplace <b>Montg Co</b>	
Mother's Maiden Name <b>Emma J. Coates</b>		Mother's Birthplace <b>" "</b>	
Name of person giving information <b>Father</b>		How related to deceased <b>—</b>	
CAUSES OF DEATH			
Primary <b>—</b>		How long <b>61</b>	
Immediate <b>Meningitis</b>		How long <b>3 days</b>	
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>H. B. Waddell</b>	
		Address <b>Gaithersburg, Md.</b>	
Accident or Suicide? <b>—</b>			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Charles Davis

Town

County

MARYLAND

Died at near Rockville

Montgomery

Date

of death 1909

Month

10

Day

27

Age

Years

86

Months

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Maryland

Occupation

Carpenter

Where Residing if not  
at place of death

X

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

X.

Father's  
Name

Joshua Davis

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Spates

Mother's  
Birthplace

Maryland

Name of person giving  
In formation

Charles Morgan

How related  
to deceased

Nephew

## CAUSES OF DEATH

154

Primary

Senile Debility

How long

Three months

Immediate

Exhaustion

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

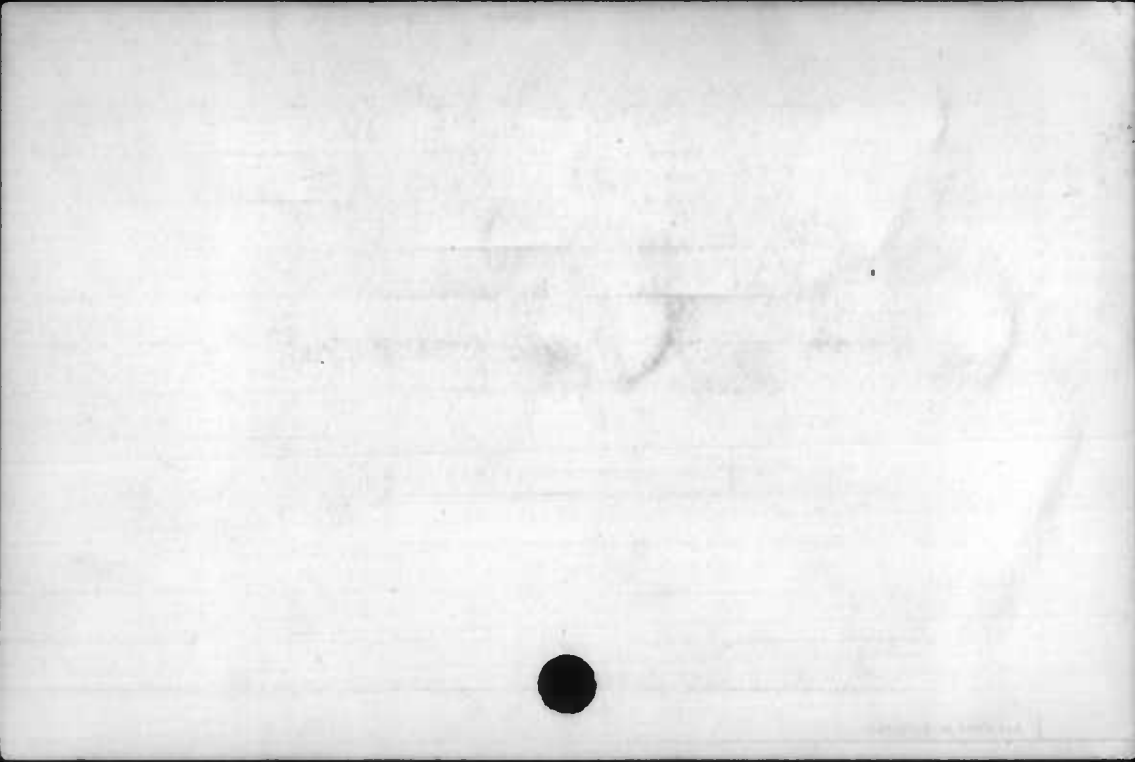
Signature of  
Physician

Edward Anderson M.D.

Address

Rockville, Md.

Accident or Suicide?



Name  
in  
Full

Emeline Dorsey

## CERTIFICATE OF DEATH

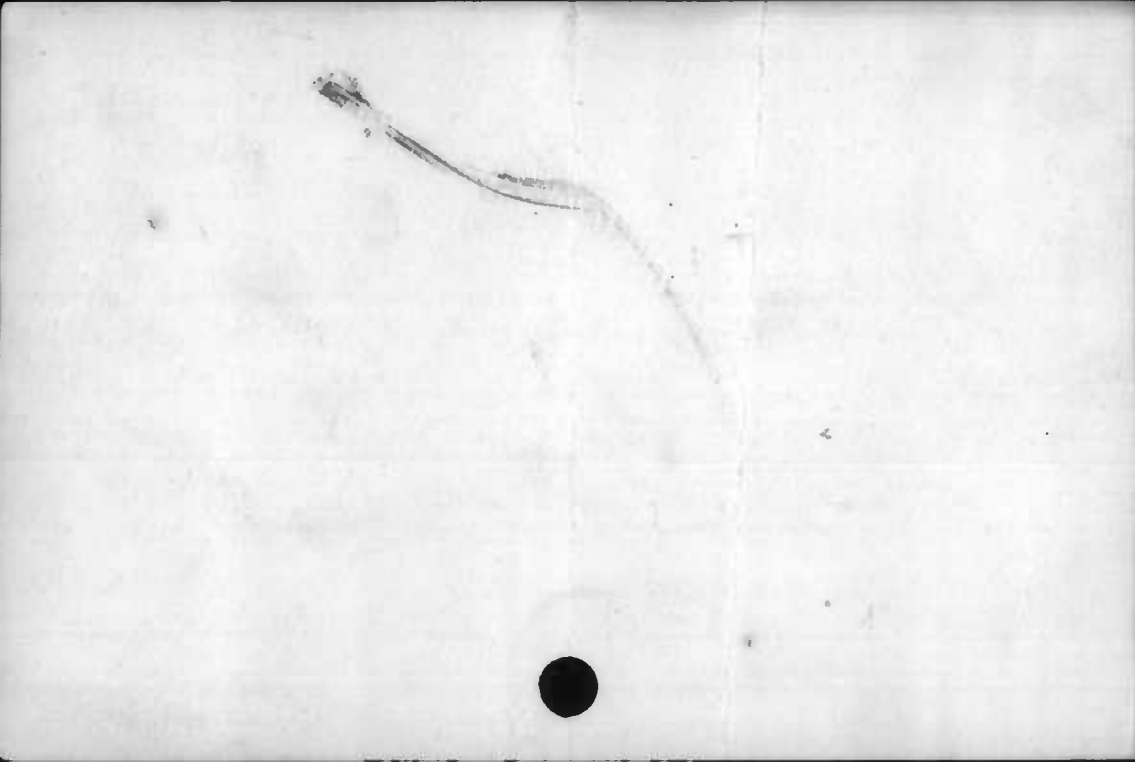
Died at <u>Laytonsville</u> <sup>Town</sup>		<u>Honolulu</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1906</u> <sup>Year</sup>	<u>October</u> <sup>Month</sup>	<u>20th</u> <sup>Day</sup>	Age <u>75</u> <sup>Years</sup>	<u>8</u> <sup>Months</sup>
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place <u>Howard Co</u>			
Occupation <u>Surgeon</u>	Where Residing if not at place of death <u>Near Laytonsville</u>				
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>William Dorsey</u>				
Father's Name <u>Frank Cook</u>	Father's Birthplace <u>Howard Co</u>				
Mother's Maiden Name <u>Rachel Goff</u>	Mother's Birthplace <u>Howard Co</u>				
Name of person giving information <u>Adeline B. Hammon</u>	How related to deceased <u>Daughter</u>				

## CAUSES OF DEATH

154

PHYSICIAN OR CORONER	Primary Cause <u>old age infirmity of body</u>	How long <u>one year</u>	
	Immediate Cause <u>Ch</u>	How long <u>hours</u>	
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Edw. A. Brown</u>	
	<u>yes</u>	Address <u>Laytonsville, Md.</u>	
Accident or Suicide?		<u>acting Coroner</u>	

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

Margaret Ann Dorsey

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at near Brookville Town County Montgomery Co.

Date of death 1909 October 30 Age 68 Years Months Days

Sex Female Color or Race white Birth-place near Brookville

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed married Name of Wife or Husband Gustavus W. Dorsey

Father's Name Edward W. Owen Father's Birthplace near Plucy

Mother's Maiden Name Elizabeth Clegett Mother's Birthplace near Brookville

Name of person giving information Matilda S. Brightwell How related to deceased cousin

## CAUSES OF DEATH

113

PHYSICIAN  
OR CORONER

Primary Deficient Calcanei with exhaustion How long 5 weeks

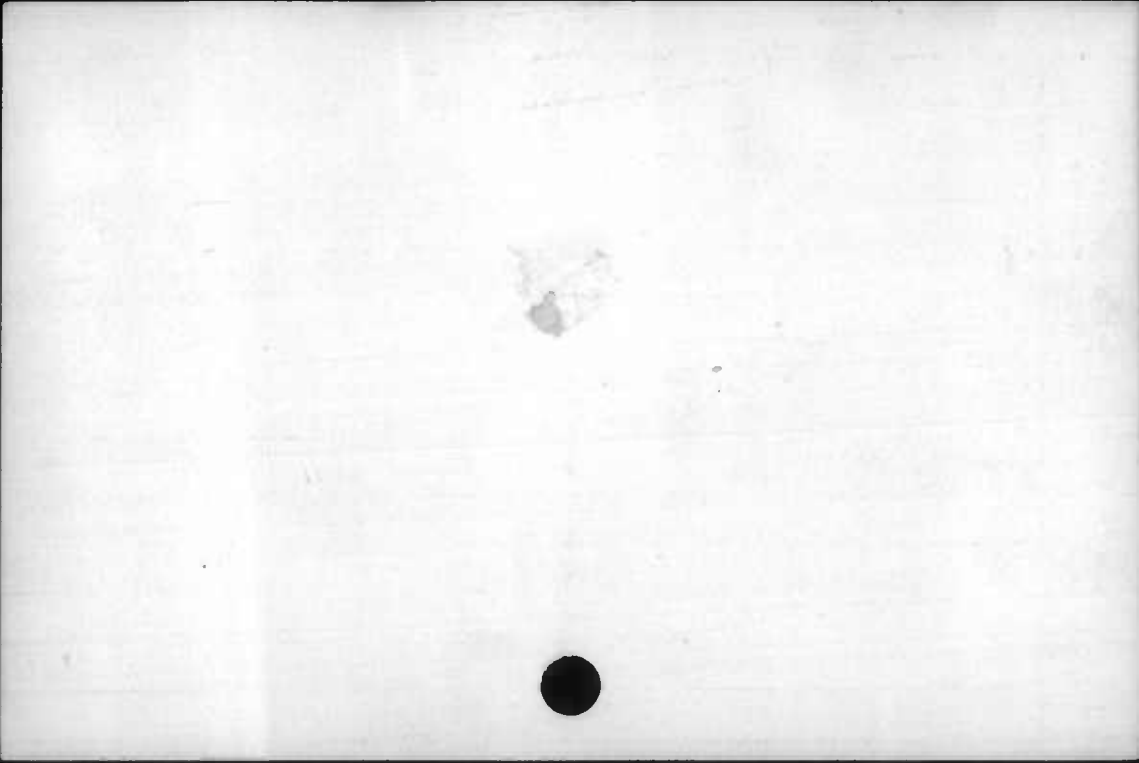
Immediate Exhaustion How long 5 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician H. G. Spurrin

Address Gaithersburg Md

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name **Surie Doyle** Town **Buck Lodge** County **Trinity**

Died at **Buck Lodge** MARYLAND

Date of death 1909 Month **10** Day **23** Age **45** Years Months — Days —

Sex **Female** Color or Race **Negro** Birth-place **No record**

Occupation **Domestic (Cook)** Where Residing if not at place of death

~~Married, Single~~ or Widowed Name of Wife or Husband **Not known**

Father's Name **No record obtainable** Father's Birthplace **No record**

Mother's Maiden Name **No record obtainable** Mother's Birthplace **No record**

Name of person giving Information **Jas. P. Gott - Her employer.** How related to deceased **Niece**

## CAUSES OF DEATH

Primary **Angina Pectoris** How long **81** **One half hour.**

Immediate **Syncope** How long **Five moments**

Are the name, age, sex, color, date and place correctly given above? **Yes** Signature of Physician **U. D. House**

Address **Dansonville, Md.**

PHYSICIAN  
OR CORONER

Accident or Suicide



Name in Full *William Augustus Gassaway.*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

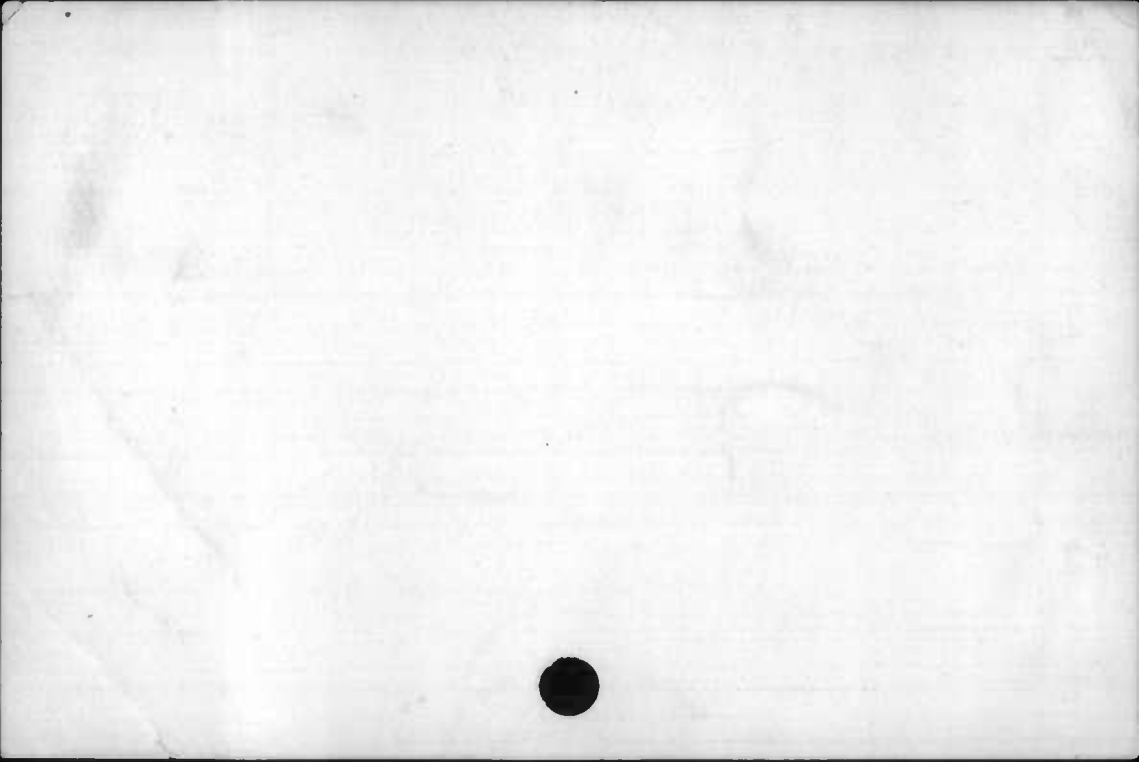
Died at <i>Rockville</i> <sup>Town</sup>		<i>Montg. Co.</i> <sup>County</sup>		MARYLAND	
Date of death <i>1909</i>	Month <i>Oct.</i>	Day <i>13</i>	Age <i>72</i> <sup>Years</sup>	Months <i>1</i>	Days <i>11</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>None</i>	Where Residing if not at place of death <i>Rockville</i>				
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>Mary Elizabeth Farrow</i>				
Father's Name <i>John Gassaway</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Eliza Dorsey</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>Mary F. Reading</i>	How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

*120*

PHYSICIAN  
OR CORONER

Primary <i>Nephritis with terminal Nausea</i>	How long <i>14 years</i>
Immediate <i>Heart failure</i>	How long <i>few minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. H. F. [unclear]</i>
	Address <i>Rockville, Md.</i>
Accident or Suicide? <i>X</i>	



Name  
in  
Full

Mary H. E. Singell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Bethesda		County Montgomery		MARYLAND	
Date of death		Month 1909	Day Oct	Age 24	Years 16	Months 11	Days —
Sex Female		Color or Race White		Birth- place Bethesda Md			
Occupation None		Where Residing if not at place of death					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Charles E. Singell		Father's Birthplace Md.					
Mother's Meiden Name Isabell R. McKenney		Mother's Birthplace Va.					
Name of person giving Information Charles E. Singell		How related to deceased Father					

## CAUSES OF DEATH

27

Primary	Phthisis Pulmonalis	How long 1 yr.
Immediate	Asthma	How long 1 mo
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Mr. J. Ready
Accident or Suicide No		Address 3325 N St. Wash. D.C.

PHYSICIAN  
OR CORONER





Name  
In Full

Ernestina Rebecca Grosendorf

## CERTIFICATE OF DEATH

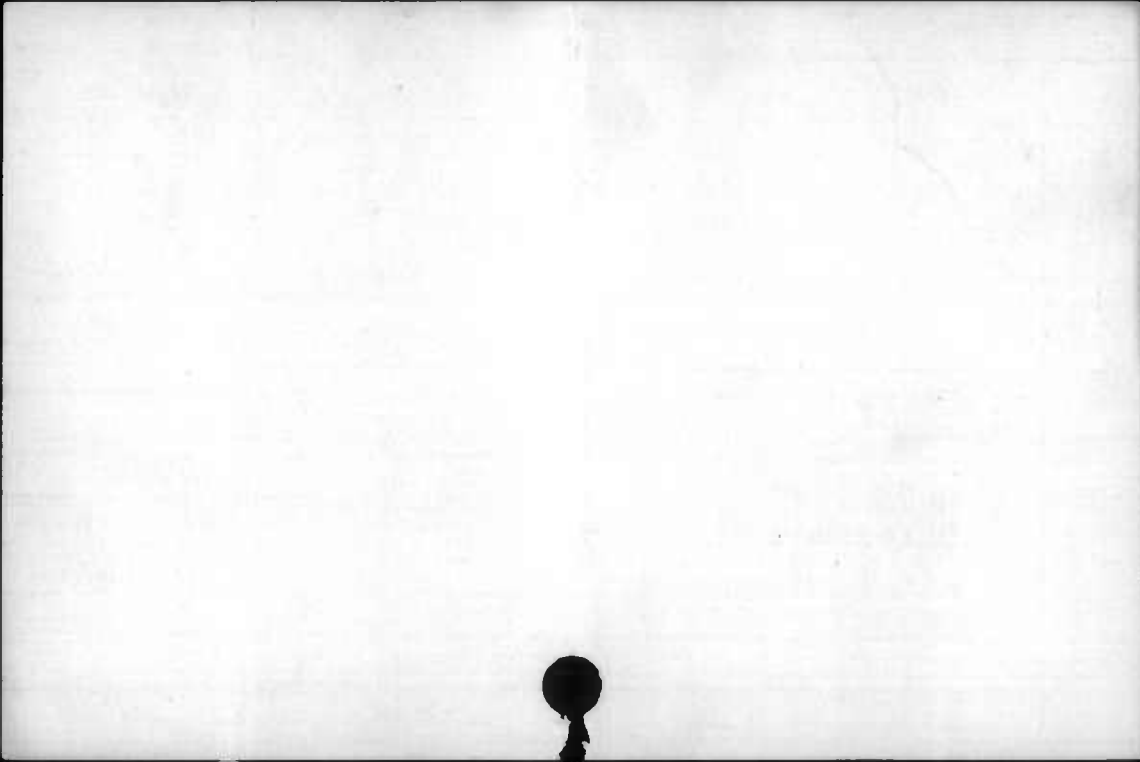
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Germantown		County Montgomery		MARYLAND	
Date of death		1909	Month 10	Day 26	Age 67	Years 7	Months 16
Sex Female		Color or Race White		Birth-place Germany			
Occupation Farmers wife		Where Residing if not at place of death					
Married, Single or Widowed Married		Name of Wife or Husband John Grosendorf					
Father's Name John Frederick Richter		Father's Birthplace Germany					
Mother's Maiden Name Anna Richter		Mother's Birthplace Germany					
Name of person giving information John H. Leaman		How related to deceased Son in law					
CAUSES OF DEATH							

79

PHYSICIAN  
OR CORONER

Primary	Brachitis	How long	1 year
Immediate	Mitral Insufficiency	How long	9 mo.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		J. H. Singer	
		Address	
		Germantown Md	
Accident or Suicide?			



Name in Full **Benj. F. Hamilton**

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at **Cabin John** <sup>Town</sup> **Montgomery** <sup>County</sup> **MARYLAND**

Date of death **1909** <sup>Month</sup> **Oct** <sup>Day</sup> **14** Age **69** <sup>Years</sup> **-** <sup>Months</sup> **-** <sup>Days</sup> **-**

Sex **Male** Color or Race **W** Birth-place **Maryland**

Occupation **Farmer** Where Residing if not at place of death

Married, ~~Single~~ **Widowed** Name of Wife or Husband **Faney Cheney**

Father's Name **Wm. J. Hamilton** Father's Birthplace **Va**

Mother's Maiden Name **J. Bailey** Mother's Birthplace **Va**

Name of person giving Information **Walter Hamilton** How related to deceased

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary **Diabetic Melibut** **Paralysis** How long **Unknown**

Immediate **Paralysis** How long **11 mos**

Are the name, age, sex, color, data and place correctly given above? ☒

Signature of Physician **H. J. Pratt** Address **Potomac**

Accident or Suicide ☐



Name  
in  
Full

Reenus Hill

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

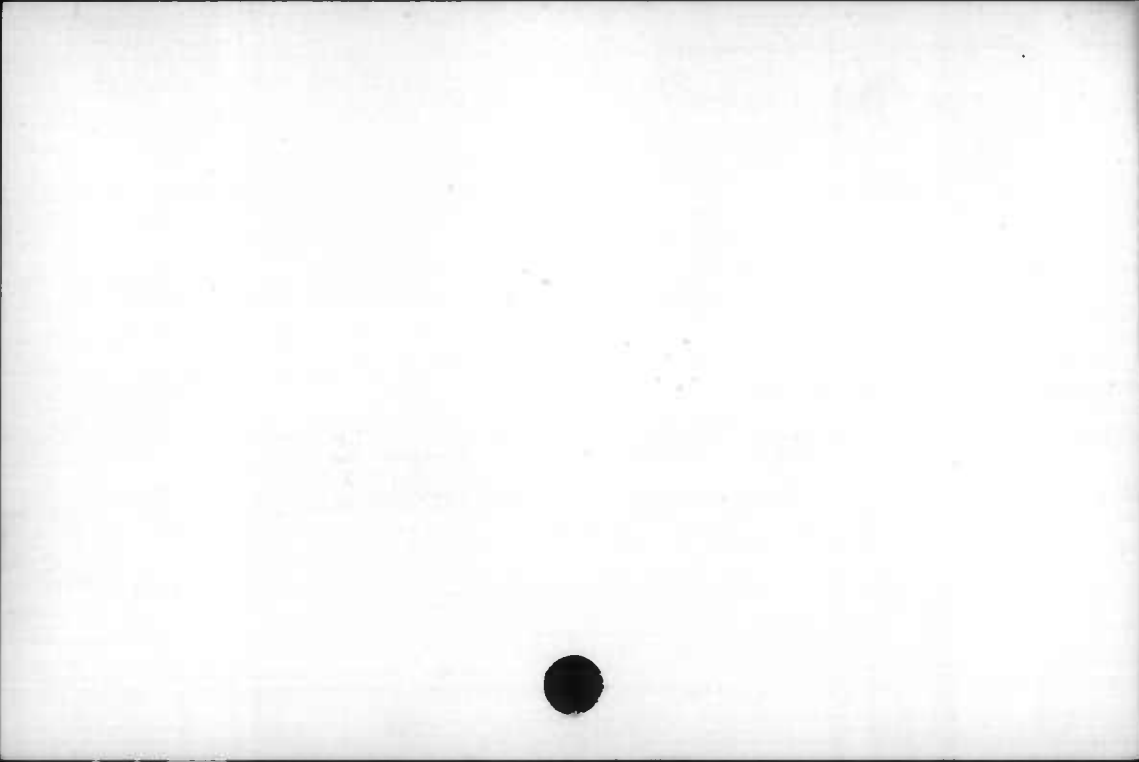
Died at <i>Sandy Spring</i> <sup>Town</sup>		<i>Montgomery</i> <sup>County</sup>		MARYLAND	
Date of death <i>1909</i>	Month <i>Oct.</i>	Day <i>26</i>	Age <i>62</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Montg. Co. Md.</i>		
Occupation <i>Farmer hand</i>		Where Residing if not at place of death <i>None</i>			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>None</i>				
Father's Name <i>Reenuson Hill</i>			Father's Birthplace <i>Montg. Co. Md.</i>		
Mother's Maiden Name <i>Annie Jofsy</i>			Mother's Birthplace <i>Montg. Co. Md.</i>		
Name of person giving information <i>Reenus Booker</i>			How related to deceased <i>No relation</i>		

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	<i>Valvular insufficiency of heart</i>	How long <i>About a year</i>
Immediate	<i>Bright's Disease &amp; Dropsy</i>	How long <i>About five months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Chas. Farguhar</i>
		Address <i>Olney, Md.</i>
Accident or Suicide?		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDJohn Johnson  
Died at near Dausouville TownCounty Montgomery

MARYLAND

Date  
of death 1909Month 10Day 18

Age

Years 18Months —Days —

Sex

maleColor or  
RaceNegroBirth-  
placeMontgomery Md.

Occupation

day laborer on farmWhere Residing if not  
at place of death —Married, Single  
or WidowedName of Wife or  
Husband —Father's  
NameAlex JohnsonFather's  
BirthplaceMd.Mother's  
Maiden NameRose CornMother's  
BirthplaceMd.Name of person giving  
InformationSandy JohnsonHow related  
to deceasedBrother

## CAUSES OF DEATH

27

Primary

tuberculosis

How long

7 yrs.

Immediate

hemorrhage from lungs. few moments

How long

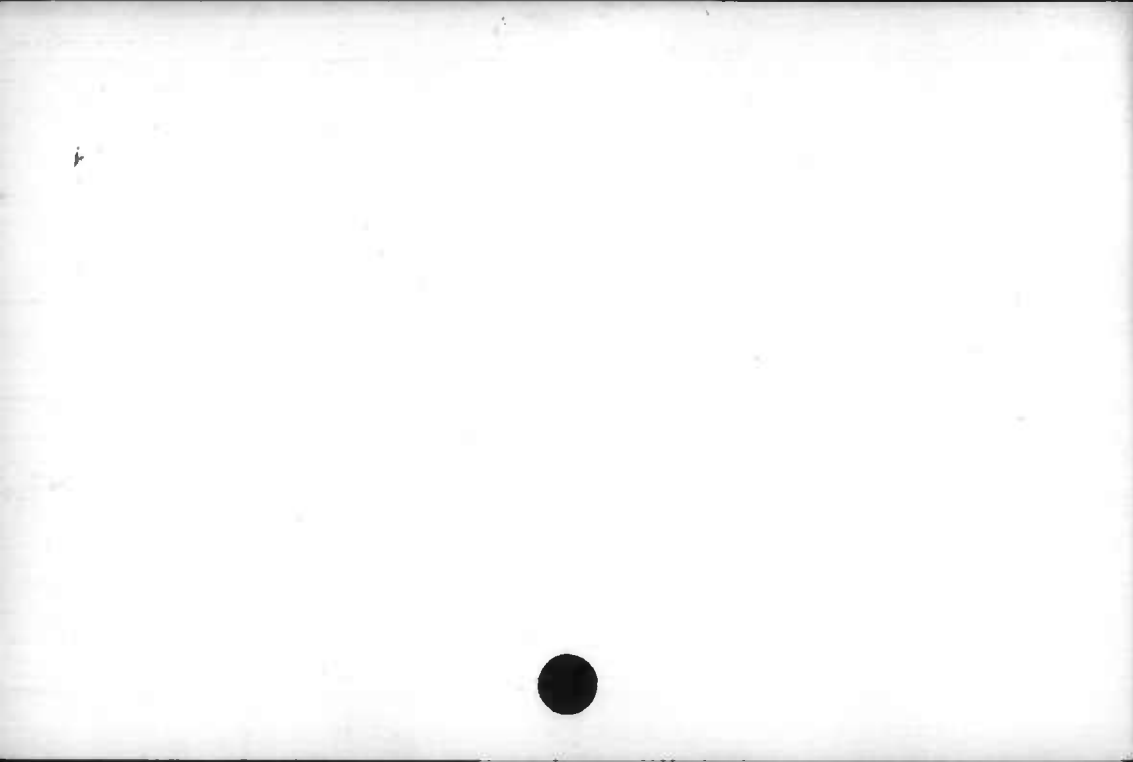
Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

U.D. House  
Dausouville Md

Accident or Suicide

PHYSICIAN  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Jones* Town *German* County *Montgomery* MARYLAND

Died at *German*

Date of death *1909* Month *10* Day *16* Age *—* Years *—* Months *—* Days *0*

Sex *Male* Color or Race *Colored* Birth-place *German*

Occupation *—* Where Residing if not at place of death *same*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Isaac Jones Jr.* Father's Birthplace *Montgomery Md.*

Mother's Maiden Name *Matilda Hall* Mother's Birthplace *—*

Name of person giving information *Isaac Jones Jr.* How related to deceased *Sister*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Still born* How long *—*

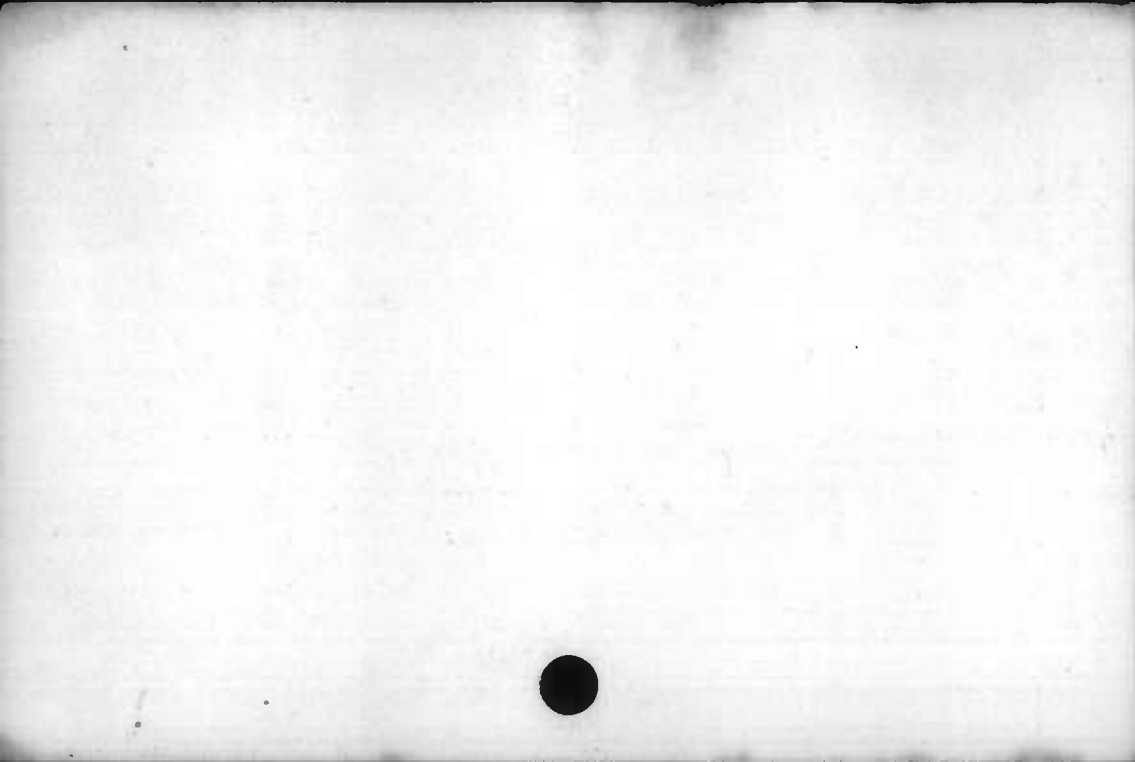
Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *W B Hadley*

Address *Guichensburg Md.*

Accident or Suicide? *—*



Name  
in  
Full

John Mawdsley

## CERTIFICATE OF DEATH

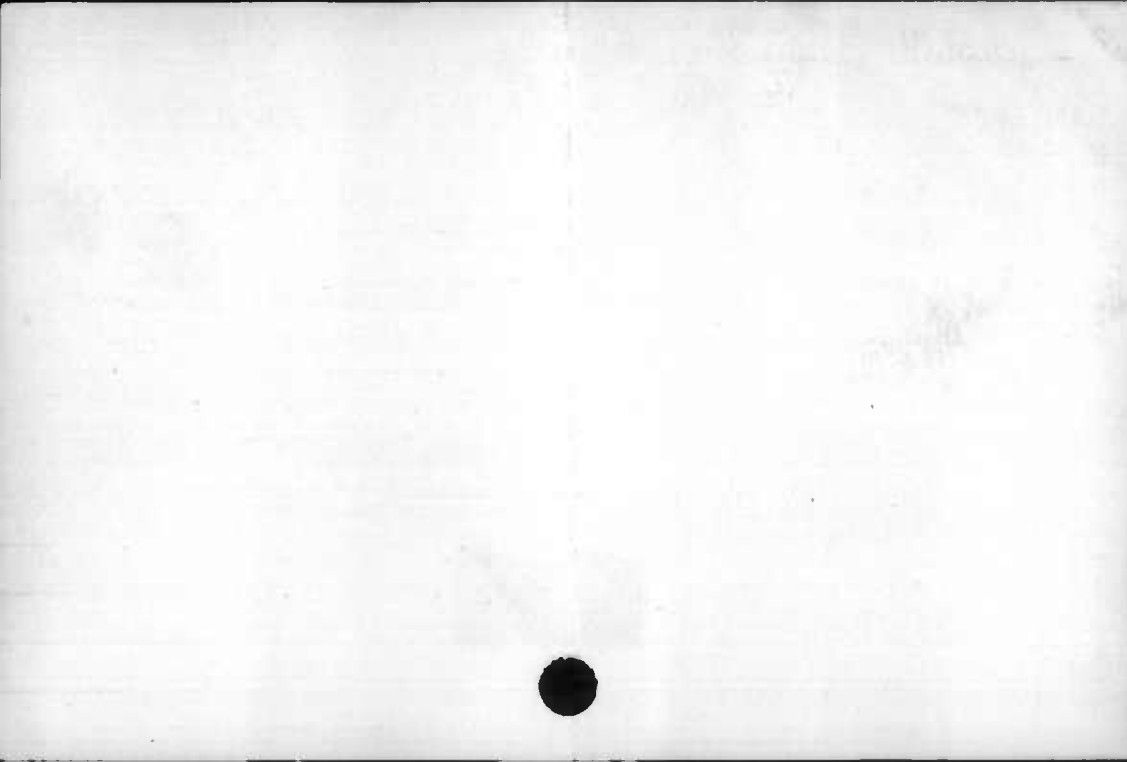
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Bunk Mills		County		Montgomery		MARYLAND			
Date	of death	1909	Oct	11	Age	38	Years	3	Months	2	Days
Sex	Male			Color or Race	White			Birth-place	England.		
Occupation	Book Keeper				Where Residing if not at place of death						
Married, Single or Widowed	Married			Name of Wife or Husband	Louise Mawdsley						
Father's Name	Jas. Mawdsley						Father's Birthplace	England.			
Mother's Maiden Name	Margaret Prescott						Mother's Birthplace	"			
Name of person giving information	Louise Mawdsley						How related to deceased	Wife			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Typhoid Fever.		How long	10 days.	
Immediate	Collapse		How long	24 hrs.	
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		
Yes.			H. J. Brown		
			Address		
			Silver Spring		
			Md.		
Accident or Suicide?					



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

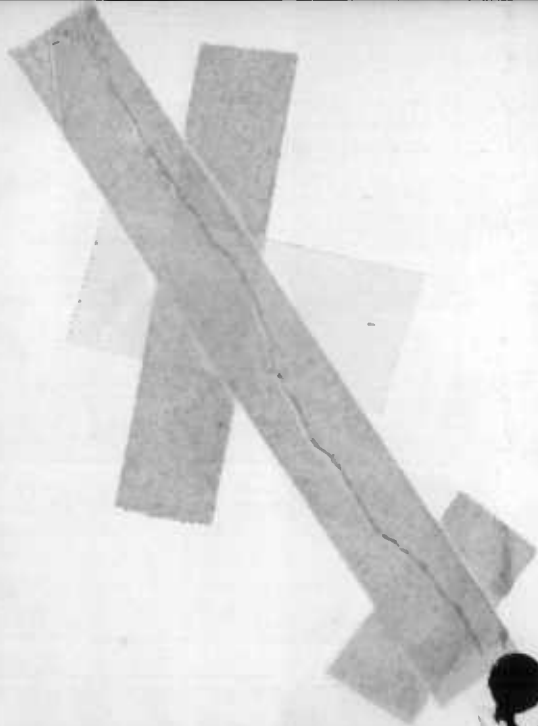
Died at <i>near Rockburg</i>		Town <i>Rockburg</i>		County <i>Mersey</i>		MARYLAND	
Date of death	<i>1909</i>	Month <i>Oct</i>	Day <i>8</i>	Age <i>76</i>	Years <i>3</i>	Months <i>3</i>	Days <i>-</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind -</i>				
Occupation <i>None</i>	Where Residing if not at place of death <i>None</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Unknown</i>						
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>						
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>						
Name of person giving information <i>M. A. Anderson</i>	How related to deceased <i>None</i>						

## CAUSES OF DEATH

106

PHYSICIAN  
OR CORONER

Primary <i>General Debility -</i>	How long <i>6 mos -</i>
Immediate <i>Diarrhoea -</i>	How long <i>5 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. D. Peet</i>
	Address <i>Blackshay</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

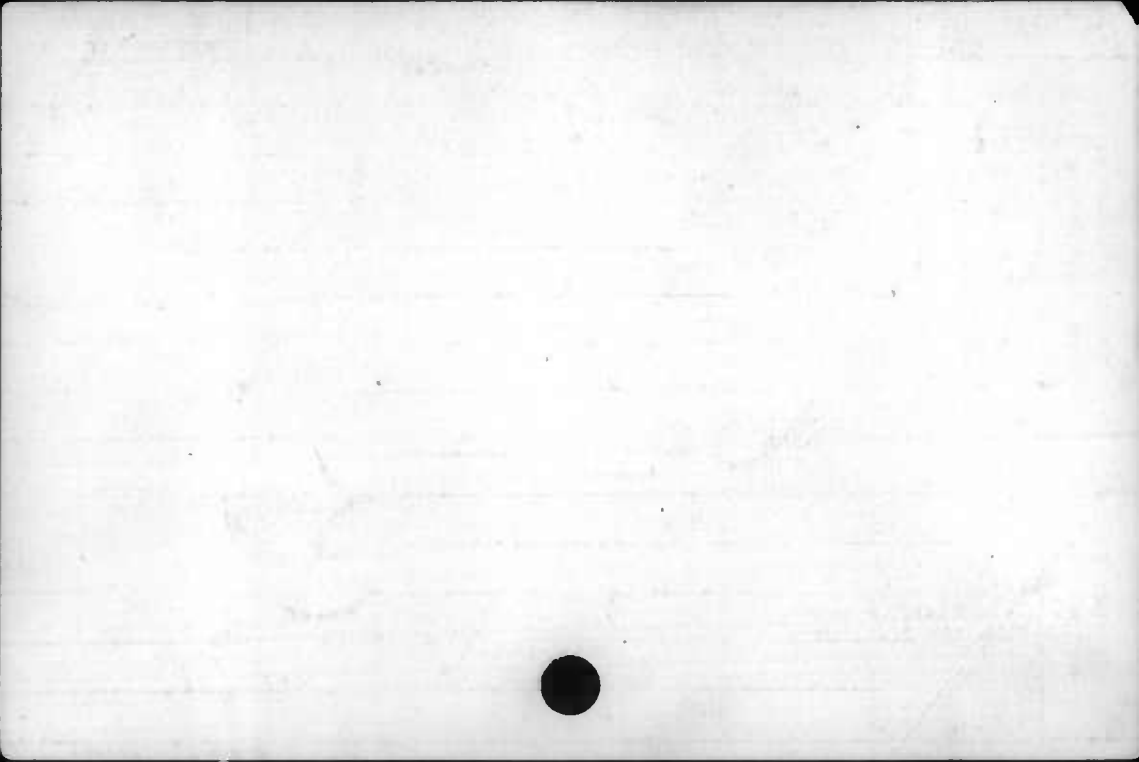
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>John S. Robertson</i>				Town <i>Screw</i>				County <i>Montgomery</i>				MARYLAND			
Died at		Date of death		Month		Day		Age		Years		Months		Days	
		<i>1909</i>		<i>10</i>		<i>20</i>		<i>60</i>							
Sex <i>Male</i>				Color or Race <i>White</i>				Birth-place <i>Ind</i>							
Occupation <i>Farmer</i>								Where Residing if not at place of death <i>+</i>							
Married, Single or Widowed <i>Widower</i>				Name of Wife or Husband <i>Deceased</i>											
Father's Name <i>Unknown</i>								Father's Birthplace <i>Unknown</i>							
Mother's Maiden Name <i>Unknown</i>								Mother's Birthplace <i>Unknown</i>							
Name of person giving information								How related to deceased <i>1</i>							

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Infection occurring 4 years</i>		How long <i>2 yrs</i>	
Immediate <i>Exhaustion</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>O. H. L. Williams</i>	
		Address <i>Rockledge Md</i>	
Accident or Suicide?			





Name  
in  
Full

Ida Simms

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Roadville</i> Town		<i>Montgomery</i> County		MARYLAND	
Date of death	<i>1909</i>	Month <i>10</i>	Day <i>2</i>	Years <i>47</i>	Months <i>X</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Ind.</i>		
Occupation <i>Cook</i>			Where Residing if not at place of death <i>X</i>		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>James Simms</i>			
Father's Name <i>D.K.</i>			Fether's Birthplace <i>D.K.</i>		
Mother's Maiden Name <i>D.K.</i>			Mother's Birthplace <i>D.K.</i>		
Name of person giving information <i>James Simms</i>			How related to deceased <i>Husband</i>		

## CAUSES OF DEATH

47

PHYSICIAN  
OR CORONER

Primary	<i>Rheumatic Purpura with acute Nephritis</i>	How long <i>100 days</i>
Immediate	<i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>D. K. Luthien</i>
		Address <i>Roadville Ind.</i>
Accident or Suicide? <i>X</i>		

Mr. H. C. Taylor.

7. 1880.

Mr. J. W. Taylor.

Little Rock, Ark.

1880.

Name  
in  
Full

Elizabeth G. Thomas

CERTIFICATE OF DEATH

Died at *Sandy Spring* Town *Montgomery* County **MARYLAND**

Date of death 190 *9* Month *10th* Day *31* Age *88* Years Months *2* Days *16*

Sex *Female* Color or Race *White* Birth-place *Maryland*

Occupation *Home.* Where Residing if not at place of death

Married, Single or Widowed *Widowed* Name of Wife or Husband *Samuel P. Thomas.*

Father's Name *Edward Porter.* Father's Birthplace *Delaware Md.*

Mother's Maiden Name *Elizabeth Gassaway* Mother's Birthplace *Elk Luth. Co. Md.*

Name of person giving Information *Mr E. P. Thomas* How related to deceased *Nephew.*

CAUSES OF DEATH

Primary *Hemiplegia* How long *3 mos.*  
Immediate *General Asthenia* How long *3 weeks.*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

*J. H. Bird M.D.*  
*Sandy Spring Md.*

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Ray Tyson  
 Died at Wharton Montgomery County MARYLAND  
 Date of death 1909 Oct 11 Month Day Year Months Days  
 Sex Male Color or Race Black Birth-place md  
 Occupation None Where Residing same at place of death  
 Married, Single or Widowed Single Name of Wife or Husband —  
 Father's Name Mrs. Tyson Father's Birthplace md  
 Mother's Maiden Name Annice Spencer Mother's Birthplace md  
 Name of person giving Information R. Gaither How related to deceased hospitalized

## CAUSES OF DEATH

Primary Typhoid Fever How long 18 days  
 Immediate Peritonitis How long one day  
 Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician Eugene Jones  
 Address Wharton  
 Accident or Suicide no

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

Ignatius Beall Ward

Died at <sup>Town</sup> Hunting Hill <sup>County</sup> Montgomery

MARYLAND

Date of death 1909 Oct 2 Age 68 Months 7 Days 9

Sex Male Color or Race white Birth-place Maryland

Occupation Farmer &amp; Merchant Where Residing if not at place of death ✓

Married, Single or Widowed Married Name of Wife or Husband Elizabeth Garrett Ward

Father's Name William H. Ward Father's Birthplace Maryland

Mother's Maiden Name Verlinda Beall Mother's Birthplace Maryland

Name of person giving information Carson Ward How related to deceased Nephew

## CAUSES OF DEATH

66 ✓

Primary Cerebral Embolus How long Immediate

Immediate Cerebral Paralysis How long 9 hours

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician George E. Lewis, M.D.

Address Rockville, Md.

Accident or Suicide? ✓

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
In  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Chickasha</i>		Town		<i>Marion</i>		County	
Date of death <i>1-90</i>		Month <i>Oct</i>		Day <i>19</i>		Age <i>54</i>	
Sex <i>Female</i>		Color or Race <i>Negro</i>		Birth-place <i>Damascus Md</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Geo. J. Williams</i>					
Father's Name <i>Alto Plummer</i>		Father's Birthplace <i>Damascus Md</i>					
Mother's Maiden Name <i>Miranda Hammond</i>		Mother's Birthplace <i>Montgomery</i>					
Name of person giving information <i>Geo. J. Williams</i>		How related to deceased <i>Husband</i>					

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	<i>Bright's Disease of Kidney</i>	How long	<i>1 year</i>
Immediate	<i>Uraemia</i>	How long	<i>2 wks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>[Signature]</i>	
		Address <i>Chickasha Md</i>	
Accident or Suicide?			

